

**Work Order ID 106820****\*106820\***

Page 1

September-11-13 11:44:29 AM

Item ID: D3019-1 Accept **\*N900040100\*** Setup Start **\*NS1\***  
Revision ID: Stop **\*NS2\***  
Item Name: Back Cushion  
Start Date: 9/11/13 Start Qty: 4.00 **\*4\*** Cust Item ID:  
Required Date: 9/11/13 Req'd Qty: 4.00 **\*4\*** Customer:  
Reference:

Approvals: Process Plan: MLJ Date: 13-09-13 Tooling: \_\_\_\_\_ Date: \_\_\_\_\_ Run Start **\*NR1\***  
QC: \_\_\_\_\_ Date: \_\_\_\_\_ SPC (Y/N): \_\_\_\_\_ Date: \_\_\_\_\_ Stop **\*NR2\***

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
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Draw Nbr	Revision Nbr
D3019	B

100		0.00
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**\*100\***

Purchasing

Purchasing

PURCHASING

Memo

Issue P/O: 21377

Possible supplier: Chestnut Ridge Airflex fire-resistant aircraft cushioning

Order: Grade 30-40 (colour green), Density 2.6lb/ft<sup>3</sup>

Material must meet FAR 27.853(a) or 25.853(a), Part is symmetric about centerline

CZ 13/09/17 (4)

110	Receive & Inspect for Damage & Mat'l Certs	0.00
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**\*110\***

Packaging

Packaging

Memo

Ensure Material Release Note is attached

P-13/12/17 (4)

NCR: Yes / No

**WORK ORDER NON-CONFORMANCE / UPDATE**

DQA: \_\_\_\_\_ Date: \_\_\_\_\_

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order: _____  Part No. _____  NCR No. _____				<b>DISPOSITION</b>  Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>		<b>AGAINST DEPARTMENT/PROCESS</b>  <div style="display: flex; justify-content: space-between;"> <div>           Skid-tube <input type="checkbox"/>            Machining <input type="checkbox"/>            Thermoforming <input type="checkbox"/>            Large Fab <input type="checkbox"/> </div> <div>           Crosstube <input type="checkbox"/>            Small Fab <input type="checkbox"/>            Finishing <input type="checkbox"/>            Composite <input type="checkbox"/> </div> <div>           Water Jet <input type="checkbox"/>            Prod. Eng. Coord. <input type="checkbox"/>            Rec/Store/Packaging <input type="checkbox"/>            Supplier <input type="checkbox"/> </div> <div>           Engineering <input type="checkbox"/>            Quality <input type="checkbox"/>            Other <input type="checkbox"/> </div> </div>					
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector		
Doc/Data <input type="checkbox"/>											
Equip/Tooling <input type="checkbox"/>											
Operator <input type="checkbox"/>											
Material <input type="checkbox"/>											
Setup <input type="checkbox"/>											
Other <input type="checkbox"/>											
Process <input type="checkbox"/>											
Supplier <input type="checkbox"/>											
Training <input type="checkbox"/>											
Unapproved <input type="checkbox"/>											
<b>FAULT CATEGORY</b>											
<b>Landing Gear</b> <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube			<b>General</b> <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio			<input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions			<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge  <input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled  <input type="checkbox"/> Other		

# Work Order ID 106820

September-11-13 11:44:29 AM

**\*106820\***

Page 2

Item ID: D3019-1 Accept **\*N900040100\*** Setup Start **\*NS1\***  
 Revision ID: Stop **\*NS2\***  
 Item Name: Back Cushion  
 Start Date: 9/11/13 Start Qty: 4.00 **\*4\*** Cust Item ID:  
 Required Date: 9/11/13 Req'd Qty: 4.00 **\*4\*** Customer:  
 Reference:

Approvals: Process Plan: \_\_\_\_\_ Date: \_\_\_\_\_ Tooling: \_\_\_\_\_ Date: \_\_\_\_\_ Run Start **\*NR1\***  
 QC: \_\_\_\_\_ Date: \_\_\_\_\_ SPC (Y/N): \_\_\_\_\_ Date: \_\_\_\_\_ Stop **\*NR2\***

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
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120	QC6- Inspect dimensions to drawing	0.00							
<b>*120*</b>									
QC									
Quality Control	Memo *****REMOVE "CHESTNUT FOAM" LABEL AND ATTACH TO WORK ORDER FOR TRACEABILITY*****	0.00							

130	Identify as per dwg & Stock Location: _____	0.00							
<b>*130*</b>									
Packaging									
Packaging	Memo <b>ST264A</b>	0.00							

140	QC21- Final Inspection - Work Order Release	0.00							
<b>*140*</b>									
QC									
Quality Control	Memo	0.00							

**DAS 27 9-89**  
**13107**  
**4**  
**DAS 32 9-89**  
**13/10/8**  
**ME**  
**13-10-08**

NCR: Yes / No

**WORK ORDER NON-CONFORMANCE / UPDATE**

DQA: \_\_\_\_\_ Date: \_\_\_\_\_

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order: _____  Part No. _____  NCR No. _____	<b>DISPOSITION</b>  Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>	<b>AGAINST DEPARTMENT/PROCESS</b>  <table style="width: 100%;"> <tr> <td>Skid-tube <input type="checkbox"/></td> <td>Crosstube <input type="checkbox"/></td> <td>Water Jet <input type="checkbox"/></td> <td>Engineering <input type="checkbox"/></td> </tr> <tr> <td>Machining <input type="checkbox"/></td> <td>Small Fab <input type="checkbox"/></td> <td>Prod. Eng. Coord. <input type="checkbox"/></td> <td>Quality <input type="checkbox"/></td> </tr> <tr> <td>Thermoforming <input type="checkbox"/></td> <td>Finishing <input type="checkbox"/></td> <td>Rec/Store/Packaging <input type="checkbox"/></td> <td>Other <input type="checkbox"/></td> </tr> <tr> <td>Large Fab <input type="checkbox"/></td> <td>Composite <input type="checkbox"/></td> <td>Supplier <input type="checkbox"/></td> <td></td> </tr> </table>	Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>	Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coord. <input type="checkbox"/>	Quality <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>	
Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>															
Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coord. <input type="checkbox"/>	Quality <input type="checkbox"/>															
Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>															
Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>																

Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector
Doc/Data <input type="checkbox"/>									
Equip/Tooling <input type="checkbox"/>									
Operator <input type="checkbox"/>									
Material <input type="checkbox"/>									
Setup <input type="checkbox"/>									
Other <input type="checkbox"/>									
Process <input type="checkbox"/>									
Supplier <input type="checkbox"/>									
Training <input type="checkbox"/>									
Unapproved <input type="checkbox"/>									

**FAULT CATEGORY**

<b>Landing Gear</b> <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube	<b>General</b> <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio	<input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions	<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge	<input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <input type="checkbox"/> Other
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# Picklist Print

September-11-13 11:44:29 AM

Work Order ID: 106820

Parent Item: D3019-1

Parent Item Name: Back Cushion

Start Date: 9/11/13

Required Date: 9/11/13

Start Qty: 4.00

Required Qty: 4.00

Comments: IPP: B01.06.07Removed acid etch & alodine EC/SM  
per NCR 11-588 DD VERF:EC IPP REV:C 11.08.08 added note

Component Item ID/ Item Name	Replacement Item ID	Mfg/ Purch	Bin Item	Primary Location	Last Location	Route Seq ID	Unit of Measure	Qty on Hand	Qty per Kit	Total Qty	Qty Issued	Date Issued	Status
D3019-1P Back Cushion		Purchased	No			110	Each	0.0000	1	4		9/11/13 (7)	

NCR: Yes / No

## WORK ORDER NON-CONFORMANCE / UPDATE

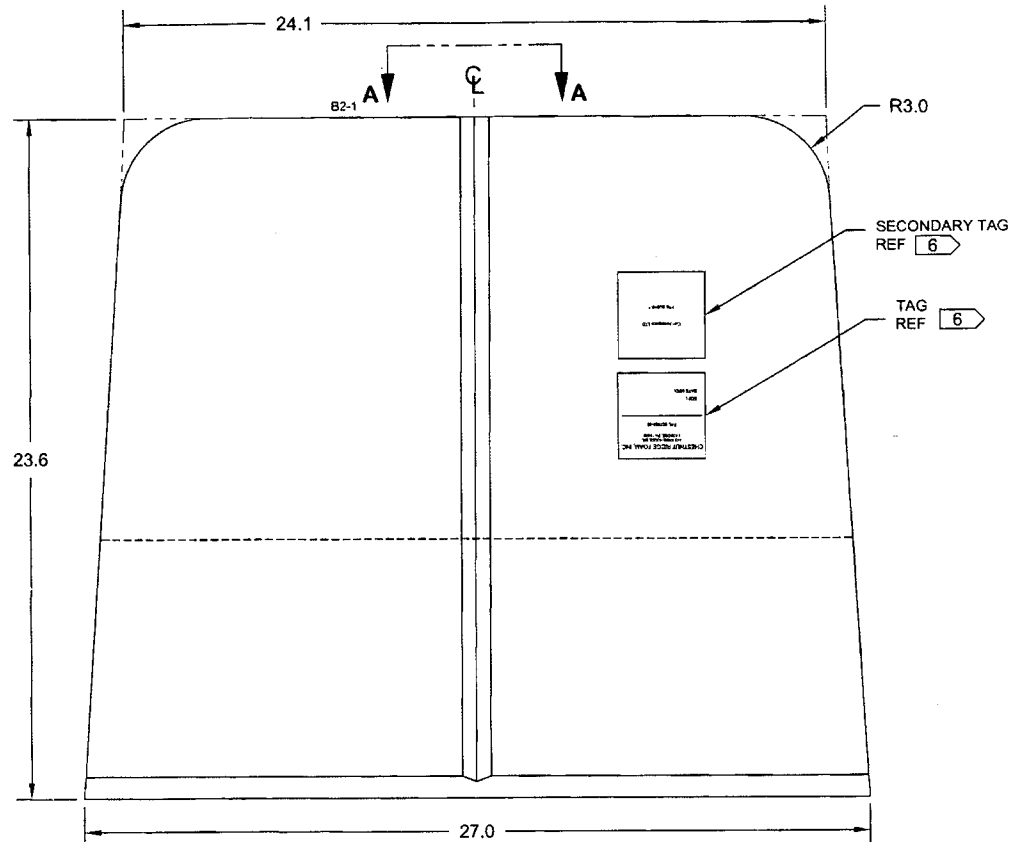
DQA: \_\_\_\_\_ Date: \_\_\_\_\_

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order: _____  Part No. _____  NCR No. _____				<b>DISPOSITION</b>  Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>		<b>AGAINST DEPARTMENT/PROCESS</b>  <div style="display: flex; justify-content: space-between;"> <div>           Skid-tube <input type="checkbox"/>            Machining <input type="checkbox"/>            Thermoforming <input type="checkbox"/>            Large Fab <input type="checkbox"/> </div> <div>           Crosstube <input type="checkbox"/>            Small Fab <input type="checkbox"/>            Finishing <input type="checkbox"/>            Composite <input type="checkbox"/> </div> <div>           Water Jet <input type="checkbox"/>            Prod. Eng. Coord. <input type="checkbox"/>            Rec/Store/Packaging <input type="checkbox"/>            Supplier <input type="checkbox"/> </div> <div>           Engineering <input type="checkbox"/>            Quality <input type="checkbox"/>            Other <input type="checkbox"/> </div> </div>						
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Equip/Tooling <input type="checkbox"/>												
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Training <input type="checkbox"/>												
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<b>FAULT CATEGORY</b>												
<b>Landing Gear</b> <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube			<b>General</b> <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio			<input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions			<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge		<input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <input type="checkbox"/> Other	

# SPECIFICATION CONTROL DRAWING

TABLE 1									
THICKNESS/ HEIGHT	TOLERANCE		LENGTH/ DEPTH	TOLERANCE		WIDTH (LEFT TO RIGHT)	TOLERANCE		
(+)	(-)		(+)	(-)		(+)	(-)		
0.0 - 0.50	0.06	0.06	0.00 - 6.00	0.06	0.06	0.00 - 6.00	0.06	0.06	
0.51 - 1.00	0.13	0.06	6.01 - 12.00	0.13	0.13	6.01 - 12.00	0.13	0.13	
1.01 - 3.00	0.13	0.06	12.01 - 24.00	0.25	0.25	12.01 - 24.00	0.25	0.25	
3.01 +	0.19	0.13	24.01 +	0.50	0.38	24.01 +	0.50	0.38	



**D3019-1 BACK CUSHION**

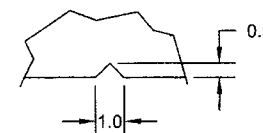
## NOTES:

- 1) MATERIAL: MUST MEET FAR 27.853(a) OR 25.853(a)  
AIRFLEX FIRE-RESISTANT AIRCRAFT CUSHIONING  
GRADE 30-40 (COLOUR GREEN)  
DENSITY 2.6 lb/ft<sup>3</sup>
- 2) FINISH: NONE
- 3) TOLERANCES: PER TABLE 1
- 4) UNITS: INCHES UNLESS OTHERWISE NOTED
- 5) BREAK SHARP EDGES: N/A

6) IDENTIFICATION: TAG(S), BURNED, TO SHOW THE FOLLOWING AT MINIMUM:

CHESTNUT RIDGE FOAM, INC.  
443 WAREHOUSE DR.  
LATROBE, PA 15650  
SO#  
DATE MFD:  
DART AEROSPACE LTD. P/N D3019-1

- 7) PART IS SYMMETRICAL ABOUT CENTERLINE
- 8) MAKE PER TEMPLATE
- 9) POSSIBLE SUPPLIER: CHESTNUT RIDGE P/N 601988-99



**VIEW A-A**  
D7-1

**RELEASED**  
2011-05-13  
JND

B	UPDATE TO CURRENT STD; DRAWING REVISED IAW CHESTNUT RIDGE MFG DWG. REF: NCR11-588	MB	11.05.10
A	NEW ISSUE	CP	01.05.18
REV.	DESCRIPTION	BY	DATE
DESIGN			
DRAWN			
CHECKED			
MFG. APPR.			
APPROVED			
DE APPR.			
DATE	11.05.10		

**DART AEROSPACE LTD**  
HAWKESBURY, ONTARIO, CANADA

DRAWING NO. REV. B  
D3019 SHEET 1 OF 1  
TITLE SCALE  
BACK CUSHION NTS

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NOT TO BE USED FOR ANY PURPOSE OR COPIED OR COMMUNICATED TO ANY OTHER PERSON WITHOUT  
WRITTEN PERMISSION FROM DART AEROSPACE LTD.

106820  
MLJ  
13-09-13

Chestnut Ridge Foam, Inc.  
443 Warehouse Drive  
P.O. Box 781  
Latrobe PA 15650

Phone: 724-537-9000  
Fax: 724-537-9003



Packing Slip: 60473

PACKING SLIP

Page: 1

**Ship To:**

Fed Exp #1517-9324-0  
Dart Aerospace Ltd.  
1270 Aberdeen Street  
Tel: 613-632-3336  
Hawkesbury ONTARIO, CANADA K6A 1K7

**Sold To:**

Chantal Lavoie Fax#: 613-632-1053  
Dart Aerospace Ltd.  
1270 Aberdeen Street  
Tel: 613-632-3336  
Hawkesbury ONTARIO, CANADA K6A 1K7

PO: 21377

Ship Via: Fed Exp Int P1

FOB: Origin

Ship Date: 10/1/2013

SO: 48185

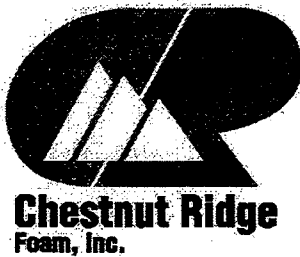
Sales Person: Aircraft

*Certificate of Conformity that all components comply with 14CFR 25.853(a) 12 Second Vertical  
Burn with Shipment*

Line	Planned Qty	Shipped Qty	Backorder	Part Number	Revision
1	4.00EA	4.00	0.00	D3018-1P	
				Description: AIRFLEX Bottom Cushion	
				Our Part: 502148-99	
2	4.00EA	4.00	0.00	D3019-1P	
				Description: AIRFLEX Back Cushion	
				Our Part: 601988-99	

CONTACT CHESTNUT RIDGE FOAM IF THERE IS DAMAGE OR DISCREPANCIES 724-537-9000





**"URGENT! FLAMMABILITY CERTIFICATION  
ENCLOSED. PLEASE FORWARD TO  
PURCHASING. DO NOT THROW AWAY!"**

**Certificate of Conformance**

**SOLD TO:**

Dart Aerospace  
1270 Aberdeen Street  
Hawkesbury  
Ontario CANADA K6A1KS

PURCHASE ORDER: 21377

SALES ORDER: 48185

DATE SHIPPED: 10.01.2013

***I certify that the individual components comprising the part shipped  
against the above-referenced purchase order meets the following  
requirements:***

*14 CFR 25.853(a), APPENDIX F, PART 1(a)(1)(ii), AMENDMENT 25-116*

Quantity	Customer Part Number	CRF Part Number	Material	Batch Number
4	D3018-1P	502148-99	AIRFLEX 55-65	AF13032
4	D3019-1P	601988-99	AIRFLEX 30-40	AF13009, AF13023 AF13032, AF13033

***MADE IN THE U.S.A***

**Grace Harr**

Digitally signed by Grace Harr  
DN: cn=Grace Harr, o=Chestnut Ridge  
Foam, Inc., ou=QA Inspector,  
email=criqc@chestnutridgefoam.com,  
c=US  
Date: 2013.10.01 09:05:33 -04'00'

❖ 443 Warehouse Drive Latrobe, PA 15650  
❖ Phone: 724-537-9000 Fax: 724-537-9003

**CHESTNUT RIDGE FOAM INC.**  
**VERTICAL BURN TEST # 15039**  
**12-SECOND VERTICAL BUNSEN BURNER TEST**  
**FOR CABIN AND CARGO COMPARTMENT MATERIALS**  
**SHOWING COMPLIANCE TO THE REQUIREMENTS OF 14 CFR 25.853**

---

PRODUCT : CR AIRFLEX  
BATCH / LOT NO : AF13032  
CUSTOMER : PRODUCTION  
P.O. NO :  
OTHER IDENTIFICATION : AFX 55-65

---

TEST BEING RUN : VERTICAL BUNSEN BURNER TEST: 12 SECOND IGNITION TIME

MEETS REQUIRED MINIMUM FLAME TEMPERATURE OF 1550°F : YES

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MATERIAL COMPOSITION : AIRFLEX

MATERIAL PATTERN : NA

MATERIAL COLOR : ORANGE

CONDITIONING STARTED : DATE : 8-26-13  
TIME : 9:00 AM

TEST STARTED : DATE : 8-27-13  
TIME : 10:30 AM

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**RESULTS :**

	FLAME TIME (SECONDS)	DRIPPINGS (SECONDS)	BURN LENGTH (INCHES)
#1.	0.0	0.0	5.5
#2.	0.0	0.0	4.9
#3.	0.0	0.0	5.1
AVG.	0.0	0.0	5.2

PASS : X      FAIL :

**COMMENTS :**

---

THIS MATERIAL MEETS THE REQUIREMENTS OF THE 14 CFR, PART 25, SECTION 25.853,  
PARAGRAPH (a) AND APPENDIX F, PART 1, (a), (1), (ii).

TESTED BY : KELLY BURES  
SR. LAB TECHNICIAN

  
\_\_\_\_\_

**CHESTNUT RIDGE FOAM INC.**  
**VERTICAL BURN TEST # 14828**  
**12-SECOND VERTICAL BUNSEN BURNER TEST**  
**FOR CABIN AND CARGO COMPARTMENT MATERIALS**  
**SHOWING COMPLIANCE TO THE REQUIREMENTS OF 14 CFR 25.853**

PRODUCT : CR AIRFLEX  
BATCH / LOT NO : AF13009  
CUSTOMER : PRODUCTION  
P.O. NO :  
OTHER IDENTIFICATION : AFX 30-40

TEST BEING RUN : VERTICAL BUNSEN BURNER TEST: 12 SECOND IGNITION TIME  
MEETS REQUIRED MINIMUM FLAME TEMPERATURE OF 1550°F : YES

MATERIAL COMPOSITION : AIRFLEX

MATERIAL PATTERN : NA

MATERIAL COLOR : GREEN

CONDITIONING STARTED : DATE : 2-26-13  
TIME : 11:00 AM

TEST STARTED : DATE : 2-27-13  
TIME : 11:25 AM

**RESULTS :**

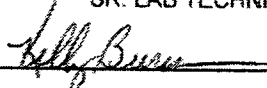
	FLAME TIME (SECONDS)	DRIPPINGS (SECONDS)	BURN LENGTH (INCHES)
#1.	0.0	0.0	3.1
#2.	0.0	0.0	3.3
#3.	0.0	0.0	3.4
AVG.	0.0	0.0	3.3

PASS : X      FAIL :

**COMMENTS :**

THIS MATERIAL MEETS THE REQUIREMENTS OF THE 14 CFR, PART 25, SECTION 25.853,  
PARAGRAPH (a) AND APPENDIX F, PART 1, (a), (1), (ii).

TESTED BY : KELLY BURES  
SR. LAB TECHNICIAN



**CHESTNUT RIDGE FOAM INC.**  
**VERTICAL BURN TEST # 14958**  
**12-SECOND VERTICAL BUNSEN BURNER TEST**  
**FOR CABIN AND CARGO COMPARTMENT MATERIALS**  
SHOWING COMPLIANCE TO THE REQUIREMENTS OF 14 CFR 25.853

PRODUCT : CR AIRFLEX  
BATCH / LOT NO : AF13023  
CUSTOMER : PRODUCTION  
P.O. NO :  
OTHER IDENTIFICATION : AFX 30-40

TEST BEING RUN : VERTICAL BUNSEN BURNER TEST: 12 SECOND IGNITION TIME  
MEETS REQUIRED MINIMUM FLAME TEMPERATURE OF 1550°F : YES

MATERIAL COMPOSITION : AIRFLEX

MATERIAL PATTERN : NA

MATERIAL COLOR : GREEN

CONDITIONING STARTED : DATE : 6-17-13  
TIME : 10:00 AM

TEST STARTED : DATE : 6-18-13  
TIME : 10:40 AM

**RESULTS :**

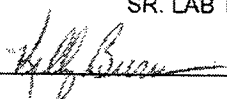
	FLAME TIME (SECONDS)	DRIPPINGS (SECONDS)	BURN LENGTH (INCHES)
#1.	0.0	0.0	3.0
#2.	0.0	0.0	3.0
#3.	0.0	0.0	3.1
AVG.	0.0	0.0	3.0

PASS : X      FAIL :

**COMMENTS :**

THIS MATERIAL MEETS THE REQUIREMENTS OF THE 14 CFR, PART 25, SECTION 25.853,  
PARAGRAPH (a) AND APPENDIX F, PART 1, (a), (1), (ii).

TESTED BY : KELLY BURES  
SR. LAB TECHNICIAN

  
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**CHESTNUT RIDGE FOAM INC.**  
**VERTICAL BURN TEST # 15036**  
**12-SECOND VERTICAL BUNSEN BURNER TEST**  
**FOR CABIN AND CARGO COMPARTMENT MATERIALS**  
SHOWING COMPLIANCE TO THE REQUIREMENTS OF 14 CFR 25.853

PRODUCT : CR AIRFLEX  
BATCH / LOT NO : AF13032  
CUSTOMER : PRODUCTION  
P.O. NO :  
OTHER IDENTIFICATION : AFX 30-40

TEST BEING RUN : VERTICAL BUNSEN BURNER TEST: 12 SECOND IGNITION TIME  
MEETS REQUIRED MINIMUM FLAME TEMPERATURE OF 1550°F : YES

MATERIAL COMPOSITION : AIRFLEX

MATERIAL PATTERN : NA

MATERIAL COLOR : GREEN

CONDITIONING STARTED : DATE : 8-26-13  
TIME : 9:00 AM

TEST STARTED : DATE : 8-27-13  
TIME : 10:10 AM

RESULTS :

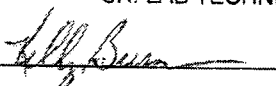
	FLAME TIME (SECONDS)	DRIPPINGS (SECONDS)	BURN LENGTH (INCHES)
#1.	0.0	0.0	3.5
#2.	0.0	0.0	3.5
#3.	0.0	0.0	3.3
AVG.	0.0	0.0	3.4

PASS : X      FAIL :

COMMENTS :

THIS MATERIAL MEETS THE REQUIREMENTS OF THE 14 CFR, PART 25, SECTION 25.853,  
PARAGRAPH (a) AND APPENDIX F, PART 1, (a), (1), (ii).

TESTED BY : KELLY BURES  
SR. LAB TECHNICIAN



**CHESTNUT RIDGE FOAM INC.**  
**VERTICAL BURN TEST # 15043**  
**12-SECOND VERTICAL BUNSEN BURNER TEST**  
**FOR CABIN AND CARGO COMPARTMENT MATERIALS**  
**SHOWING COMPLIANCE TO THE REQUIREMENTS OF 14 CFR 25.853**

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PRODUCT : CR AIRFLEX  
BATCH / LOT NO : AF13033  
CUSTOMER : PRODUCTION  
P.O. NO :  
OTHER IDENTIFICATION : AFX 30-40

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TEST BEING RUN : VERTICAL BUNSEN BURNER TEST: 12 SECOND IGNITION TIME  
MEETS REQUIRED MINIMUM FLAME TEMPERATURE OF 1550°F : YES

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MATERIAL COMPOSITION : AIRFLEX

MATERIAL PATTERN : NA

MATERIAL COLOR : GREEN

CONDITIONING STARTED : DATE : 9-4-13  
TIME : 9:45 AM

TEST STARTED : DATE : 9-5-13  
TIME : 11:00 AM

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**RESULTS :**

	FLAME TIME (SECONDS)	DRIPPINGS (SECONDS)	BURN LENGTH (INCHES)
#1.	0.0	0.0	2.6
#2.	0.0	0.0	2.9
#3.	0.0	0.0	2.5
AVG.	0.0	0.0	2.7

PASS : X      FAIL :

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**COMMENTS :**

THIS MATERIAL MEETS THE REQUIREMENTS OF THE 14 CFR, PART 25, SECTION 25.853,  
PARAGRAPH (a) AND APPENDIX F, PART 1, (a), (1), (ii).

TESTED BY : KELLY BURES  
SR. LAB TECHNICIAN

  
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**CHESTNUT RIDGE FOAM INC.**  
**VERTICAL BURN TEST # 15058**  
**12-SECOND VERTICAL BUNSEN BURNER TEST**  
**FOR CABIN AND CARGO COMPARTMENT MATERIALS**  
 SHOWING COMPLIANCE TO THE REQUIREMENTS OF 14 CFR 25.853

PRODUCT: TICKING FR 4440 FABRIC  
 BATCH/LOT NO.: 9744  
 CUSTOMER: PRODUCTION  
 P.O. NO.:  
 OTHER IDENTIFICATION: SUPPLIED BY: HANES CONVERTING CO. OF CONOVER, NC  
 ON INVOICE #62-134424

TEST BEING RUN: VERTICAL BUNSEN BURNER TEST: 12 SECOND IGNITION TIME  
 MEETS REQUIRED MINIMUM FLAME TEMPERATURE OF 1550°F: YES

MATERIAL COMPOSITION: NA

MATERIAL PATTERN: WOVEN

MATERIAL COLOR: TAN

CONDITIONING STARTED: DATE: 9-18-13  
 TIME: 9:00 AM

TEST STARTED: DATE: 9-18-13  
 TIME: 10:20 AM

RESULTS:			FLAME TIME (SECONDS)		DRIPPINGS (SECONDS)		BURN LENGTH (INCHES)	
	WARP	FILL	WARP	FILL	WARP	FILL	WARP	FILL
#1.	0.0	0.0	0.0	0.0	3.7	3.9		
#2.	0.0	0.0	0.0	0.0	3.8	3.8		
#3.	0.0	0.0	0.0	0.0	3.9	3.0		
AVG.	0.0	0.0	0.0	0.0	3.8	3.8		

PASS: X FAIL:

**COMMENTS:**

THIS MATERIAL MEETS THE REQUIREMENTS OF THE 14 CFR, PART 25, SECTION 25.853,  
 PARAGRAPH (a) AND APPENDIX F, PART 1, (a), (1), (b).

TESTED BY: KELLY BURES  
 SR. LAB TECHNICIAN

CORPORATE OFFICE  
 500 N. McLin Creek Rd.  
 P. O. BOX 457  
 CONOVER, NC 28613-0457  
 PHONE (828) 464-4673  
 FAX (828) 464-0459



**INVOICE**

PLEASE REMIT TO:  
 HANES ENGINEERED MATERIALS  
 L&P FINANCIAL SERVICES CO.  
 P. O. BOX 60984  
 CHARLOTTE, NC 28260

SOLD TO  
 CHESTNUT RIDGE FOAM  
 ROUTE 981 NORTH  
 PO BOX 781  
 LA TROBE, PA 15650

SHIP TO  
 CHESTNUT RIDGE FOAM  
 ROUTE 981 NORTH  
 PO BOX 781  
 LA TROBE, PA 15650

INVOICE NUMBER 62-134424	INVOICE DATE 9/11/2013	TERMS NET 30	CARRIER USF HOLLAND INC	ROUTING PER CUSTOMER REQUEST 5/17/01	PPG/CAL C
CUSTOMER NO. 15985	CUSTOMER ORDER NO. 31978	SLS. MONTH BLS. MONTH 65 452	ORDER DATE 9/06/2013	CONOVER, NC	DAY8
			REL. OF LADDPG S/L 29733	RELEASE # 010 11989	
QUANTITY 40.000	UNIT YDS	DESCRIPTION TICKING FR 4440	PAID 100	PK AL	CC 2T
QUANTITY 5.092	UNIT LH				
CERTIFICATION: THE SELLER DOES NOT CERTIFY, EITHER IMPLICITLY OR EXPLICITLY, THESE PRODUCTS TO MEET THE REQUIREMENTS OF ANY REGULATORY AGENCY OR SPECIFICATION EXCEPT AS MAY BE CERTIFIED ABOVE OR UNDER SEPARATE WRITTEN CERTIFICATION. ALL TRANSACTIONS ARE SUBJECT TO THE CONDITIONS ON THE REVERSE SIDE OF THIS INVOICE. USF HOLLAND INC PRGR 10250581037					

15985  
 ORIGINAL

214 THE LAWS OF THE STATE OF NORTH CAROLINA SHALL GOVERN THIS TRANSACTION. A LATE PAYMENT CHARGE AT A PER ANNUM RATE  
 EQUAL TO THE PRIME RATE OF THE CHASE MANHATTAN BANK N.A. EFFECTIVE ON THE FIRST DAY OF EACH MONTH PLUS 2% OR 18% PER ANNUM  
 WHICHEVER RATE IS HIGHER WILL BE IMPOSED ON THE FIRST OF EACH MONTH ON ALL PAST DUE INVOICES PAID DURING THE MONTH.

TOTAL INVOICE  
 AMOUNT

PAGE 1 LAST 41469

**CHESTNUT RIDGE FOAM, INC.**

443 WAREHOUSE DR.  
LATROBE, PA 15650

P/N: 601988-99

SO# : **48185**

DATE MFD: **10/13**



**CHESTNUT RIDGE FOAM, INC.**

443 WAREHOUSE DR.  
LATROBE, PA 15650

P/N: 601988-99

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DATE MFD: **10/13**

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